MinutesoftheHealth&HumanServicesCommittee

Thursday, January 30, 2003

ChairHerrocalledthemeetingtoorderat1:02p.m.

Present:SupervisorsKenHerro(Chair),JimJeskewitz,AliciaSilva,CarlSeitz,andPaulPronold. SandyWolffarrivedat 1:03p.m. **Absent**:MarethKipp

AlsoPresent: ChiefofStaffLeeEsler,LegislativePolicyAdvisorDaveKrahn,WisconsinCounties Association(WCA)LegislativeDirectorCraigThompson,Health&HumanServicesDirectorPeter Schuler,Adolescent&Family ServicesManagerPatVoss,Intake&SupportServicesManagerDon Maurer,DeputyHealth&HumanServicesDirectorErnieMessinger,SeniorFinancialAnalystAndy Thelke,andPublicHealthManagerNancyHealy -Haney.

ApproveMinutesofJanuary16,2003

MOTION: Jeskewitzmoved, second by Pronold to approve the minutes of January 16. Motion carried 5-0.

SandyWolffarrivedat1:03p.m.

ScheduleNextMeetingDates

ReviewCorrespondence

CopiesofaletterdatedJanuary20,2003fromBellovaryweredistr ibuted.Duetoincreasedstafftime andastrainonthetransportationprogramoverall,thedepartmentwillnolongerpre -authorizeridesfor transportationpriortocertification,fortaxi,Rideline,andADApassengers.

${\bf Executive Committee Report}$

 $Herro\ advised of the following is suesthat will be discussed at the next Executive Committee meeting.$

- Approve the appropriation of Community Development Block Grant (CDBG) and Home Investment Partnership Programin come.
- DiscusstheAirport/ExpositionCenterst udy.
- Approve the receipt and expenditure of federal funds to enhance automation activities of the Federated Library System member libraries, and discuss library system automation.
- DiscussthePublicSafetyFoundationofAmericagrantapplicationfortheWa ukeshaCounty CommunicationsCentercapitalproject.
- ReviewproposedCountyCodeupdates.

Announcements

MessingerannouncedthattheWisconsinCountiesHumanServiceAssociation(WCHSA)Spring ConferenceandAnnualMeetingwillbeheldonMay14,15,and 16atHotelMeadinWisconsinRapids. Additionalinformationandregistrationformswillbeforthcoming.

EslersaidtheRidelineparatransitservicescontractwillbeawardedtoMedacareVans,Inc.,differentthan thecurrentvendor.Thecontractfor masstransitadministrationserviceswillbeawardedtotheCityof Waukesha.BothwillbeontheFinanceCommitteeagendaforFebruary5toapprovethecontract procurementprocess.

MeetingApprovals

MOTION: Wolffmoved, second by Jeskewitz to approve attendance for any committee members wanting to attend the WCHSAS pring Conference and Annual Meeting May 14, 15, and 16. Motion carried 6 - 0. Wolffnoted that a Health & Human Services Committee meeting was scheduled for May 15.

AdvisoryCommitteeRepo rts

Wolffs a id sheatten ded the WCAHealth & Human Services Steering Committee met yester day. Among the items discussed was the human services redesign proposal.

DiscussWCAProposalforRedesigningWisconsin'sHuman/SocialServiceDeliverySystemThompsonsaidWCAbelievestheStatehasanobligationtofundprogramsthatitmandatesbutexactly howmuchisanunanswerablequestionbecausethesystemhasbeensetupsoambiguously.Nomatter howgoodtheintentions,it'sfundamentallyflawedinthe wayit'ssetup.Thefirstthingtheredesign grouplookedatwasthecurrentsystemwhicheveryoneagreedisbroken.

ThompsonsaidtheStateStatutesdictatethatcountiesareresponsibleforthecare,treatment,andwell beingofthedevelopmentallyd isabled,mentallyill,andotherdependentpopulations. Thisisverybroad anditdoesn'tlistanycriteriaforhowmuchshouldbeprovided,etc. TheStatutesalsoreadthatcounties areresponsibletotheextentthatfederal,state,andrequiredcounty matchingdollarsareavailable. Thisis wherethemandateends. Thompsonsaidtherequiredcountymatchforcommunityaidsisalmost 10%.

Often,thecourtsdictateprogrammingwhetherornotthematchamounthasbeenmetbecausetheyhave noideahowmu chhasbeenspentonaclient. Everycentoverthisamountisconsideredover -match. Whenhetellslegislatorstheyneedtofundtheprogramscountiesarecarryingoutintheareaofhuman services, theargumenthegetsbackisthatanyfundsspentabove thatamountisdiscretionaryandwas thecounty'schoice. Often, waitinglistsareestablishedbecausethestatehasn't giventhecounties enoughfunding. Atthispointthere's noaccountability and peopleget frustrated.

Thecurrentsystemcan'tsh owwherethatmoneywent, who it helped, and what the outcome was on a person-by-person basis. There is a complete disconnect between you thaids, community aids, etc. as to how much the state is going to give counties and the cost tout ilize those service s. One of the redesign group's recommendations is to tie those two together—how much money is to be spent, who should we serve, and at what level. The COP program has been relatively more successful with the legislature because of the concept which is basically funding perindividual or slot. The group has proposed that the State set up state wide criteria for both functional eligibility and the financials so no matter where you live in the state and whether or not you get service, it's based on the lever and the money was already spent). If a person meets the state—established criteria, they will receive funding for services.

ThompsonreferredtoS chuler'squestion,howwouldtheratebedeterminedandatwhatpercentage?He saidthegrouptalkedaboutthisindepthandatthispoint,theydon'tknow.Mostoftherecommendations are conceptual at this point and before implementation, many issuest hatneedtobeworkedoutandthe ratesissuewaskey. However, theratewould be assigned to an individual and shared between the State and the County. The cost for service would be established by a rate-settingcommissionwhichwouldbe setupbytheS tate.Ratescouldvaryfromoneareaofthestatetothenext.CouldtheState,underthe newsystem,settherateswherebytheydonotcoverthecostofserviceforthosewhoareeligible? Thompsonsaid, yes, this could still occur. While the State's inchargeandwhilewe'rethesubordinates, hedidn'tthinkwe'devergetpastthis.However,thenewproposalmakesitmuchmoreunderstandable and more clear where by we could have a logical argument about where that rate is at. Currently, it's very confusing. Whywould the Statewant to do something like this? There are political reasons why they maynotwantto, butifwe'resincerewith the policy, we have given the State the ability to control costs. Eligibilitywillbesetatalevelthateveryon eagreesisaffordable. If a county wants to provide services abovethatlevel, that would be their decision.

Thompsonsaidresponsestotheproposalbyvariousgroupsandagencieshavebeenpositiveforthemost partalthoughmanyhavethesamequestion s.Again,thisisjustaconceptonthefundingsideandthe timetableforstatewideimplementationisn'tuntil2007.Allthey'reaskingforinthisbienniumisthego aheadfromtheDepartmentandthatthey'reinagreementwiththegroup'sdirectionand goals.The wholeprocessisgoingtotakealotofwork.SeitzaskedSchuleriftheproposalwassomethinghis departmentwouldsupport.Schulersaid,yes,youwanttohaveafundingmechanismthat'sscientifically basedaroundcostaswellasabenefi tpackagethat'sclearlyidentifiedandagreedupon.Schulersaidit wasimportanttoallworktogether,statewide,tocomeupwiththecorrectanswersandthatWaukesha Countywouldwanttobeapartofthis.ReferringtotheconcernthatnobodyfromWa ukeshaCountywas askedtoserveontheredesigngroup,ThompsonnotedthatWCHSA'slookingataddingmorecounty representation.

The committee recessed at 2:15 p.m. and reconvened at the Public Health Center.

$\label{lem:continuity} Educational Overview of the Public Health Di \\ vision Including the Lead Screening Program and a \\ Tour of the Facility$

Thecommitteetouredthefacilityincludingtheclientprocessingarea,informationandreferralcenter, clinicrooms,WICandPrenatalCareCoordination,AssuranceSection,RiskContro lSection,andthe CommunicableDiseaseControlSection.Healy -Haneyreviewedtheir2002reportwhichincluded informationonnumberofclientsservedineacharea.Otherinformationdistributedweretheorganization chart,"GoodHealthforAll -Abouty ourpublichealthdepartment,"theWaukeshaCountyHealthReport Card,PublicHealthDivisionservices,servicesavailableatvariousoutreachclinics,etc.Healy reviewedtheir2003budgetof\$2,863,507,themajorityofwhichfundscommunityassura nceprograms (\$2.18million)forhighriskpopulations.

PublicHealthessentialservicesandcorefunctionsarecommunitydiseaseassessmentandsurveillance, publicpolicydevelopmentonpopulationhealthissues,andcommunityassurancetoprovideorloc ate preventativediseasecontrolprograms. The Maternal Health programs are Prenatal Care Coordination, Pregnancy Care Coordination, WICP regnant/Post Partumand Breast feeding Mothers, and High Risk Maternal. Adult Health Programs are High Risk Geriatric , High Risk Medically Compromised Adult, and Adult Health Screenings. There are also the Family Health Clinics that includes a dultand child physical health examinations. The reisatotal of 39.94 Public Health staff which includes 18 public health nurse s, 1 epidemiologist, 4 managements taff, 11 other, and 5.94 part -time or o -call staff.

MOTION:Jeskewitzmoved,secondbySeitztoadjournat4:15p.m.Motioncarried6 -0.

RecordedbyMaryPedersen,LegislativeAssociate.

Respectfullysubmitted,

AliciaSilva Secretary